



CORRECTIONAL MEDICAL AUTHORITY

PHYSICAL & MENTAL HEALTH SURVEY

of

Jefferson Correctional Institution

In

Monticello, Florida

on

December 6-8, 2016

CMA Staff Members

Jane Holmes-Cain, LCSW
Monica Dodrill, RN
Kathy McLaughlin, BS

Clinical Surveyors

James Langston, MD
Edward Zapert, DDS
Marcellus Taylor, PhD
Susan Porterfield, ARNP
Deanna Epley, ARNP
Julie Holt, ARNP
Jovasha Lang, LCSW
Josephine Cannella-Krehl, LCSW
Sue Sims, RN
Judy Reinman, RN

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DEMOGRAPHICS

The institution provided the following information in the Pre-Survey Questionnaire.

INSTITUTIONAL INFORMATION			
Population	Type	Custody Level	Medical Level
1266	Male	Close	4

Institutional Potential/Actual Workload

Main Unit Capacity	1179	Current Main Unit Census	1131
Satellite Unit(s) Capacity	140	Current Satellite(s) Census	135
Total Capacity	1319		1266

Inmates Assigned to Medical/Mental Health Grades

<i>Medical Grade</i>	1	2	3	4	5	<i>Impaired</i>
		613	377	140	0	1
<i>Mental Health Grade (S-Grade)</i>	<u><i>Mental Health Outpatient</i></u>			<u><i>MH Inpatient</i></u>		<i>Impaired</i>
	1	2	3	4	5	
	652	90	389	N/A	N/A	

Inmates Assigned to Special Housing Status

<i>Confinement/ Close Management</i>	<i>DC</i>	<i>AC</i>	<i>PM</i>	<i>CM3</i>	<i>CM2</i>	<i>CM1</i>
	43	39	36	N/A	N/A	N/A

DEMOGRAPHICS

Medical Staffing: Main Unit

	Number of Positions	Number of Vacancies
Physician	1	0
Clinical Associate	0	0
RN	7	1
LPN	11	4
Dentist	1	0
Dental Assistant	2	2
Dental Hygienists	.5	0

Mental Health Staffing: Main Unit

	Number of Positions	Number of Vacancies
Psychiatrist	1	0
Psychiatrist ARNP/PA	0	0
Psychological Services Director	0	0
Psychologist	1	0
Mental Health Professional	5	0
Human Services Counselor	0	0
Activity Technician	0	0
Mental Health RN	0	0
Mental Health LPN	1	0

OVERVIEW

Jefferson Correctional Institution (JEFCl) houses male inmates of minimum, medium, and close custody levels. The facility grades are medical (M) grades 1, 2, 3, and 4, and psychology (S) grades 1, 2, and 3. JEFCl consists of a Main Unit and two work release facilities.

The overall scope of services provided at JEFCl include comprehensive medical, dental, mental health, and pharmaceutical services. Specific services include: health education, preventive care, chronic illness clinics, emergency care, infirmary services, and outpatient mental health care.

The Correctional Medical Authority (CMA) conducted a thorough review of the medical, mental health, and dental systems at JEFCl on December 6-8, 2016. Record reviews evaluating the provision and documentation of care were also conducted. Additionally, a review of administrative processes and a tour of the physical plant were conducted.

Exit Conference and Final Report

The survey team conducted an exit conference via telephone with institutional personnel to discuss preliminary survey results. The findings and final conclusions presented in this report are a result of further analysis of the information collected during the survey. The suggested corrective actions included in this report should not be construed as the only action required to demonstrate correction, but should be viewed as a guide for developing a corrective action plan. Where recommended corrective actions suggest in-service training, a copy of the curriculum and attendance roster should be included in the corrective action plan files. Additionally, evidence of appropriate biweekly monitoring should be included in the files for each finding. Unless otherwise specified, this monitoring should be conducted by an institutional clinician/peer and documented by a biweekly compilation of the following:

- 1) The inmate names and DC numbers corresponding to the charts (medical records) reviewed;
- 2) The criteria/finding being reviewed;
- 3) An indication of whether the criteria/finding was met for each chart reviewed;
- 4) The percentage of charts reviewed each month complying with the criteria;
- 5) Back-up documentation consisting of copies of the relevant sections reviewed from the sampled charts.

PHYSICAL HEALTH FINDINGS

Jefferson Correctional Institution (JEFCI) provides inpatient and outpatient physical health services. The following are the medical grades used by the Department to classify inmate physical health needs at JEFCI:

- M1 - Inmate requires routine care (periodic screening, sick call, emergency care).
- M2 - Inmate is being followed in a chronic illness clinic (CIC) but is stable and does not require CIC care more often than six months.
- M3 - Inmate is being followed in a CIC every three months.
- M4 - Inmate is being followed in a CIC every three months and requires ongoing visits to the physician more often than every three months.

CLINICAL RECORDS REVIEW

CHRONIC ILLNESS RECORD REVIEW

There were findings requiring corrective action in three of the chronic illness clinics; the items to be addressed are indicated in the tables below. There were no findings requiring corrective action in the general chronic illness clinic review.

EPISODIC CARE REVIEW

There were no findings requiring corrective action in the review of emergency care. There was a finding requiring corrective action in the review of sick call services; the item to be addressed is indicated in the table below.

OTHER MEDICAL RECORD REVIEW

There were no findings requiring corrective action in the review of medical inmate requests, intra-system transfers, periodic screenings, infirmary, or medication administration record review. There were findings requiring corrective action in the review of consultations; the items to be addressed are indicated in the table below.

DENTAL REVIEW

There were findings requiring corrective action in the review of dental systems and dental care; the items to be addressed are indicated in the tables below.

ADMINISTRATIVE PROCESSES REVIEW

There were no findings requiring corrective action in the review of pharmacy services, infection control, or in the administration of the pill line.

INSTITUTIONAL TOUR

There were findings as a result of the institutional tour; the items to be addressed are indicated in the table below.

Immunity Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-1: In 4 of 15 records reviewed, there was no evidence of hepatitis B vaccination or refusal.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the immunity clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Miscellaneous Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-2: In 2 of 5 applicable records (8 reviewed), there was no evidence of influenza vaccination or refusal (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the miscellaneous clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-2: *While inmates enrolled in the miscellaneous clinic are not automatically considered top priority for offering influenza vaccinations, the inmate records reviewed revealed risk factors which indicated that immunization was needed. Both were hypertensive and enrolled in the cardiovascular clinic.*

Neurology Clinic Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-3: In 7 of 13 records reviewed, there was no evidence that seizures were classified as primary generalized (tonic-clonic, grand mal), primary or simple absence (petit mal), simple partial, or complex partial seizures.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those enrolled in the neurology clinic to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Sick Call Record Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-4: In 4 of 18 records reviewed, the nursing assessment was incomplete or not appropriate for the complaint (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving sick call services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-4: *In two records, a protocol form was not used and the progress note was not in Subjective Objective Assessment Plan Education (SOAPE) format as required by Department policy. In another record, the plan was not indicated on the protocol form. In the last record, the inmate was evaluated for a stroke complaint using the chest pain protocol.*

Consultations Record Review

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 11 records revealed the following deficiencies:</p> <p>PH-5: In 6 records, the diagnosis was not recorded on the problem list.</p> <p>PH-6: In 10 records, the consultation log was incomplete.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving consultation services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Dental Systems Review

Finding(s)	Suggested Corrective Action(s)
<p>A tour of the dental clinic revealed the following deficiencies:</p> <p>PH-7: There is no evidence the autoclave was tested appropriately (see discussion).</p> <p>PH-8: There was no evidence that necessary equipment was available and in working order (see discussion).</p>	<p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, training logs, invoice, work order, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-7 & PH-8: Staff were only using chemical heat strip testing for the autoclave and were not conducting biological spore testing. The cavitron was broken.

Dental Clinic Review

Finding(s)	Suggested Corrective Action(s)
<p>PH-9: In 6 of 18 records reviewed, there was no evidence of an accurate diagnosis and appropriate treatment plan.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records of those receiving dental services to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Institutional Tour

Finding(s)	Suggested Corrective Action(s)
<p>A tour of the facility revealed the following deficiencies:</p> <p>PH-10: Over-the-counter medications in the dorms were not distributed and recorded correctly (see discussion).</p> <p>PH-11: There was no evidence that dorm first aid kits were inspected monthly.</p> <p>PH-12: There was no evidence that the medical isolation room was tested daily for negative air pressure.</p>	<p>Provide evidence in the closure file that the issues described have been corrected. This may be in the form of documentation, invoice, etc.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion PH-10: *Two packets rather than two pills of Tylenol and Ibuprofen were being distributed resulting in inmates receiving twice the dosage intended. CMA surveyors expressed concern that too much acetaminophen or ibuprofen may lead to negative side effects such as overdose, liver, stomach, or other damage.*

CONCLUSION

The physical health staff at JEFCl serves a complex and difficult population, including inmates with multiple medical comorbidities. Physical health care is provided on an inpatient and outpatient basis. In addition to providing routine physical health care and inmate education, medical staff participates in continuing education and infection control activities. Reportable findings requiring corrective action are outlined in the tables above.

Upon arrival at the institution, the records needed for the physical health portion of the survey were available, organized, and ready for the surveyors. Overall, medical charts were in order and documents were filed in a timely manner. Clinician documentation was thorough and the course of treatment was easy to follow. The staff at JEFCl was helpful throughout the survey process and presented as knowledgeable and dedicated to the inmates they serve. Interviews conducted by surveyors and CMA staff indicated that inmates, as well as security staff, demonstrated familiarity with policies related to the accessing of sick call and emergency services. The majority of inmates interviewed described the health care as adequate.

There were two findings regarding missing vaccinations in the chronic care clinics. The other deficiencies were primarily documentation or administrative issues. However, the distribution of over-the-counter medications in the dorms were of particular concern to the CMA surveyors.

Additional findings were a result of the institutional tour and dental review and are described in the tables above. The corrective action plan (CAP) process will be beneficial in facilitating the necessary corrections and improving care in areas that were found to be deficient.

MENTAL HEALTH FINDINGS

Jefferson Correctional Institution (JEFCI) provides outpatient mental health services. The following are the mental health grades used by the department to classify inmate mental health needs at JEFCI:

- S1 - Inmate requires routine care (sick call or emergency).
- S2 - Inmate requires ongoing services of outpatient psychology (intermittent or continuous).
- S3 - Inmate requires ongoing services of outpatient psychiatry (case management, group, and/or individual counseling, as well as psychiatric or psychiatric ARNP care).

CLINICAL RECORDS REVIEW

SELF INJURY/SUICIDE PREVENTION REVIEW

There were findings requiring corrective action in the review of Self-harm Observation Status (SHOS); the items to be addressed are indicated in the table below. There were no episodes of psychiatric restraints available for review at JEFCI.

USE OF FORCE REVIEW

There was a finding requiring corrective action in the review of use of force episodes; the item to be addressed is indicated in the table below.

ACCESS TO MENTAL HEALTH SERVICES REVIEW

There were no findings requiring corrective action in the review of psychological emergencies, inmate requests, or special housing.

OUTPATIENT SERVICES REVIEW

There were findings requiring corrective action in the review of outpatient mental health services and psychiatric medication practices; the items to be addressed are indicated in the tables below.

AFTERCARE PLANNING REVIEW

There were findings requiring corrective action in the review of aftercare planning; the items to be addressed are indicated in the table below.

MENTAL HEALTH SYSTEMS REVIEW

There was a finding requiring corrective action in the review of mental health systems; the item to be addressed is indicated in the table below.

Self-harm Observation Status (SHOS)

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 12 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p>MH-1: In 2 of 2 applicable records, the guidelines for SHOS management were not observed (see discussion).</p> <p>MH-2: In 8 records, documentation did not indicate the inmate was observed at the frequency ordered by the clinician (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten SHOS admissions to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

***Discussion MH-1:** According to the Department’s Health Services Bulletin (HSB), during the fourth day of infirmity mental health care, the attending clinician will, after personally evaluating the inmate, determine whether at that point, crisis stabilization care will be needed to resolve the mental health crisis. There was no indication this was considered.*

***Discussion MH-2:** Physician’s orders indicated 15 minute observations for inmates admitted to SHOS. These observations were documented on “Observation Checklist” (DC4-650). In three records, one or more 15 minute observation was not addressed. In the next three records, a full day of observations was unable to be located by institutional staff. In one record, the admission order was written at 1500 but the observations did not begin until 1800. In the last record, initials/signatures for staff members performing the observations were missing.*

Use of Force

Finding(s)	Suggested Corrective Action(s)
<p>MH-3: In 1 of 5 applicable records (9 reviewed), there was no indication that mental health staff interviewed the inmate the next working day to determine the level of mental health care needed.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten use of force episodes to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Outpatient Psychotropic Medication Practices

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 18 outpatient records revealed the following deficiencies:</p> <p>MH-4: In 1 of 5 applicable records, appropriate initial lab tests were not ordered for psychotropic medications (see discussion).</p> <p>MH-5: In 3 of 8 applicable records, follow-up lab tests were not completed as required (see discussion).</p> <p>MH-6: In 1 of 1 applicable record, the use of an Emergency Treatment Order (ETO) was not specified in the clinician's order (see discussion).</p> <p>MH-7: In 1 of 1 applicable record, an ETO was given without evidence of less restrictive intervention (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-4: *A fasting blood sugar level and a lipid profile were not ordered for an inmate prescribed Risperdal.*

Discussion MH-5: *In three records, a fasting blood sugar level and a lipid profile were not ordered for inmates on antipsychotic medication.*

Discussion MH-6 & MH-7: *HSB 15.05.19 states that an ETO is the use of psychotropic medications without an inmate's informed consent and is restricted to emergency situations in which the inmate presents an immediate danger of causing serious bodily harm to self or others, and no less intrusive or restrictive intervention is available or would be effective. Such treatment may be provided upon the written order of a psychiatrist or other qualified prescribing clinician. In one record, the order read "may give by force" but was not specified as an ETO. There was no MAR or corresponding nurse's note to indicate that this intra-muscular injection was given. However according to documentation by another staff member, the inmate expressed that he had been given injectable medications against his will. There was no evidence in the documentation that the inmate was offered medications by mouth or other preferable and less invasive interventions were attempted.*

Outpatient Mental Health Services

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 13 outpatient records revealed the following deficiencies:</p> <p>MH-8: In 6 records, the Individualized Service Plan (ISP) was not signed by all relevant parties (see discussion).</p> <p>MH-9: In 3 of 8 applicable records, counseling was not provided to inmates with a diagnosis of Schizophrenia or other psychotic disorders at least once every 30 days or a refusal was not present.</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable outpatient records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-8: In all six records, the inmate's signature was missing.

Aftercare Planning

Finding(s)	Suggested Corrective Action(s)
<p>A comprehensive review of 12 records of eligible inmates within 180 days expiration of sentence (EOS) revealed the following deficiencies:</p> <p>MH-10: In 3 records, aftercare plans were not addressed on the ISP for inmates within 180 days of EOS.</p> <p>MH-11: In 3 of 8 applicable records, the "Summary of Outpatient Mental Health Care" (DC4-661) was not completed within 30 days of EOS.</p> <p>MH-12: In 2 of 3 applicable records, assistance with Social Security benefits was not provided for eligible inmates (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten applicable records of inmates within 180 days EOS to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion MH-12: In two records there was no evidence that assistance with Social Security benefits was offered for inmates with a diagnosis of a psychotic disorder and a refusal was not found.

Additional Administrative Issues

Finding(s)	Suggested Corrective Action(s)
MH-13: Psychological testing folders were not kept behind two locking mechanisms.	<p>Provide evidence in the closure file that the issue described has been corrected.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

CONCLUSION – MENTAL HEALTH

The staff at JEFCl serves a difficult population that includes inmates with multiple medical and psychiatric comorbidities. In addition to providing services to inmates on the mental health caseload, staff answer inmate requests, respond to psychological emergencies, and perform weekly rounds in confinement. Staff also perform sex offender screenings when needed, provide aftercare planning for eligible inmates, and provide daily counseling for inmates in SHOS. Reportable findings requiring corrective action are outlined in the tables above.

The mental health staff appear knowledgeable regarding inmates on their caseload. They work well together and report that they frequently receive helpful trainings which assist them in improving their clinical practice. Inmates expressed during interviews that they perceive mental health staff to be easily accessible and that they often see their counselor more frequently than required. No deficiencies requiring corrective action were noted in the areas of psychological emergencies, inmate requests or special housing.

The majority of deficiencies noted in this report were related to psychotropic medication practices and outpatient services, including aftercare. Lack of laboratory monitoring for inmates on psychotropic medications was noted as well as incomplete and inaccurate documentation of an emergency treatment order. Individualized Service Plans were not signed by inmates, making it difficult to determine if the inmate participated in the planning of his treatment goals. There were findings related to the management of inmates on SHOS. There appeared to be an inadequate system for documenting fifteen minute safety checks and there was no documentation of consideration of transferring the inmate from SHOS to a higher level of care. Additionally there was no evidence that inmates were consistently interviewed to determine if the current level of care was appropriate after a use of force episode.

Staff was helpful throughout the survey process and receptive to feedback offered by surveyors and CMA staff. They are agreeable to using the Corrective Action Plan (CAP) process to improve mental health services to the inmates at JEFCl.

SURVEY PROCESS

The goals of every survey performed by the CMA are:

- 1) to determine if the physical, dental, and mental health care provided to inmates in all state public and privately operated correctional institutions is consistent with state and federal law, conforms to standards developed by the CMA, is consistent with the standards of care generally accepted in the professional health care community at large;
- 2) to promote ongoing improvement in the correctional system of health services; and,
- 3) to assist the Department in identifying mechanisms to provide cost effective health care to inmates.

To achieve these goals, specific criteria designed to evaluate inmate care and treatment in terms of effectiveness and fulfillment of statutory responsibility are measured. They include determining:

- If inmates have adequate access to medical and dental health screening and evaluation and to ongoing preventative and primary health care.
- If inmates receive adequate and appropriate mental health screening, evaluation and classification.
- If inmates receive complete and timely orientation on how to access physical, dental, and mental health services.
- If inmates have adequate access to medical and dental treatment that results in the remission of symptoms or in improved functioning.
- If inmates receive adequate mental health treatment that results in or is consistent with the remission of symptoms, improved functioning relative to their current environment and reintegration into the general prison population as appropriate.
- If inmates receive and benefit from safe and effective medication, laboratory, radiology, and dental practices
- If inmates have access to timely and appropriate referral and consultation services.
- If psychotropic medication practices are safe and effective.
- If inmates are free from the inappropriate use of restrictive control procedures.
- If sufficient documentation exists to provide a clear picture of the inmate's care and treatment.
- If there are sufficient numbers of qualified staff to provide adequate treatment.

To meet these objectives, the CMA contracts with a variety of licensed community and public health care practitioners, such as physicians, psychiatrists, dentists, nurses, psychologists, and licensed mental health professionals. The survey process includes a review of the physical, dental and mental health systems; specifically, the existence and application of written policies and procedures, staff credentials, staff training, confinement practices, and a myriad of additional administrative issues. Individual case reviews are also conducted. The cases selected for review are representative of inmates who are receiving mental and/or physical health services (or who are eligible to receive such services).

Conclusions drawn by members of the survey team are based on several methods of evidence collection:

- Physical evidence – direct observation by members of the survey team (tours and observation of evaluation/treatment encounters)

- Testimonial evidence – obtained through staff and inmate interviews (and substantiated through investigation)
- Documentary evidence – obtained through reviews of medical/dental records, treatment plans, schedules, logs, administrative reports, physician orders, service medication administration reports, meeting minutes, training records, etc.
- Analytical evidence – developed by comparative and deductive analysis from several pieces of evidence gathered by the surveyor

Administrative (system) reviews generally measure whether the institution has policies in place to guide and direct responsible institutional personnel in the performance of their duties and if those policies are being followed. Clinical reviews of selected inmate medical, dental and mental health records measure if the care provided to inmates meets the statutorily mandated standard. Encounters of an episodic nature, such as sick call, an emergency, an infirmary admission, restraints, or a suicide episode, as well as encounters related to a long-term chronic illness or on-going mental health treatment are also reviewed. Efforts are also made to confirm that administrative documentation (e.g., logs, consultation requests, medication administration reports, etc.) coincides with clinical documentation.

Findings identified as a result of the survey may arise from a single event or from a trend of similar events. They may also involve past or present events that either had or may have the potential of compromising inmate health care. All findings identified in the body of the report under the physical or mental health sections require corrective action by institutional staff.